



2015 HCBS Consumer Choice Options (CCO) Webinar Questions and Answers

1. Why is the Cap amount different from the total under the self-directed budget?

For cost effectiveness in the CCO program, the department makes a few calculations to determine rates that will be used in CCO budgets. The cap amount shown in ISIS is the maximum dollar amount for that service each year; the department calculates the average cost for each service that can be used to create a CCO budget. This is the “cap” amount. The department also calculates the statewide average amount of service used that has been authorized in a member’s service plan. The difference between the cap amount and the amount of service that is used creates a utilization percentage. The “budget” amount in CCO is determined by applying the utilization factor to the cap amount. The budget amount is the reimbursement rate used to create the CCO budget. The total under the self-directed budget is the total cost amount for that member’s budget.

2. Why does an individual on the Health & Disability Waiver only have access to Health & Disability program services under CCO when they may need to tailor their program to services covered under other waivers but are not normally available under the Health & Disability Waiver?

Not all services in waiver programs are available for use in CCO. Each waiver identifies the services that can be converted to CCO. Individuals who are on the Health & Disability waiver are eligible for the services available under that waiver and some services cannot be converted to CCO. Please refer to Iowa Administrative Code (IAC) Ch. 78.34(13) for a list of possible services on the Health & Disability Waiver for CCO.

3. How are Habilitation care coordinators supposed to access this if they do not have access to ISIS?

Care Coordinators would not have access to ISIS as CCO is not a service offered under Habilitation.

4. Does the rate that auto populates reflect what the ISB and member negotiated?

The rates that auto populate in Individualized Services Information System (ISIS) create the total monthly CCO budget. From the budget, the member must pay the Financial Management Services (Veridian) fees, the ISB and all goods and services to meet the



needs of the member. The FMS fees are set by Veridian Fiscal Solutions. All other fees and wages are negotiated by the member with their employees.

5. Why can't an assigned client participation amount be assigned to CCO?

Reimbursement rates are subject to the limits in 441—subrule 79.1(2).

6. I was wondering how and when personal cares are used under CCO and if the funding for those services are a cluster of identified services authorized by the case manager. An example would be does personal cares correlate to the CDAC service? Or can personal care be identified for the use of supervision if the person uses daily SCL services and needs this? Any help would be greatly appreciated as well as resources that are available to understand what services are placed where within a budget. Thanks!

Personal care can be a component of both CDAC and SCL services, depending on the need of the member. As a case manager, you should be authorizing services in a member's service plan based on the member's assessed need. You should not be authorizing services differently for use in CCO. Once the services have been authorized in the service plan and have been converted to CCO, the member has the responsibility to get the service needs met by using the budget to purchase goods and services. Self-directed personal care services are services or goods that provide a range of assistance in activities of daily living and incidental activities of daily living that help the member remain in the home and community. These services must be identified in the member's service plan developed by the member's case manager or service worker. Please refer to the PowerPoint for instructions on how to create the Service Plan in ISIS. Please refer to IAC Ch.78.34(13).

7. Can you clarify the process the Case Manager is to utilize when reauthorizing unused (CCO) respite starting January 1st? Or when reauthorizing if there is any change in respite units through the year? Typically with traditional respite if we are making a respite change, we would do a QA to reduce the previous authorization to the units utilized and then only authorize the remaining units.

All funds allocated to a savings plan that are not expended by December 31 of each year shall revert to the Medicaid program. However, if a member has a respite savings plan already in place, the respite can be used for further respite services after December 31st. Since the ID waiver limits the amount of respite available annually, respite that reverts back to Medicaid should still be available for use for the remainder of



the member's waiver year. The case manager should obtain the amount of respite usage to-date from the beginning of the member's waiver plan year through December 31st. Then subtract the respite usage from the total amount of respite that was authorized for the entire waiver plan year. The remaining amount can be re-authorized in ISIS to be available to the member from January 1 through the end of the member's waiver plan year. Any Respite in savings at the time of the annual service plan must be used towards the annual respite limit in the ID waiver (a CM should not authorize more than \$7,252) or towards the amount of respite authorized to meet the needs of members in other waivers.

8. Also, for lump sum payments such as Job Development, do we put that authorization in for one month only?

Yes. Supported Employment Services to Obtain a Job, whether through an enrolled Medicaid provider or through CCO, should be authorized for one month. The lump sum amount will be used to determine the monthly budget. The monthly budget will be used to pay an hourly wage for an employee as services are provided.

9. Then, do we need to do a savings plan for any money not utilized during that first month?

If the funds allocated to obtain a job will be used in numerous months, a savings plan should be established. A member's savings plan must be in writing and be approved by the department before the start of the savings plan. Amounts allocated to the savings plan must result from efficiencies in meeting identified needs of the member. The Individual Budget needs to reflect the member's assessed need.

10. Is it allowable for a family to choose to pay a provider more and end up with less units of service (i.e. authorized for 12 hours of SCL but only receiving 10 hours due to the provider's pay, ISB and Veridian fees)?

The rate of pay needs to be negotiated at a rate that will allow for the needs of the member to be met. If 12 hours of services has been assessed as needed, the expectation is the member would use the CCO budget to purchase 12 hours of service. If service needs could be met with 10 hours of service, 10 should be authorized. When monitoring or reauthorizing services, a CM should review the CCO service use and adjust the amount of services needed to meet a member's need based on historical use of services.



The following questions pertain to the same topic:

11. Can we get a copy of these slides? I have to listen off our virtual desktop and have no printer access.

12. It would be super helpful if when this power point is posted, to have a copy of the speaker's notes also.

13. Would it be possible to have handouts available to print, for the webinar sessions, prior to the time they start? Some of the slides are moved through very quickly and it is difficult to write everything down before the speaker moves to the next slide. It is also easier to jot down notes when the basic information is already available.

14. Could you please send a link to get the Power point pages to print out for this CCO Webinar that I just viewed?

15. The webinar was very helpful for understanding how to enter CCO into ISIS. We do have new CM starting with us, and I am wondering if we can have access to the PowerPoint used.

A PDF of the slides was emailed to all registrants on August 27, 2015, has been posted on the DHS website. The recorded webinar has been posted on the DHS website at <https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/CCOTraining>. Transcripts of the training will not be posted.